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MEDITERRANEAN THEATER OF OPERATIONS  
UNITED STATES ARMY  
Office of the Surgeon  
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## CIRCULAR LETTER NO. 3

SUBJECT: Medical Department Maintenance, Repair and Salvage.

Previous instructions issued in Medical Technical Bulletins or letters by Hq. COMZONE (SOS) NATOUSA, Office of the Surgeon, which are in conflict with this circular letter are hereby rescinded.

1. Purpose - The purpose of the letter is to establish a uniform procedure for handling in maintenance, repair and salvage operations for Medical Department equipment within the theater. The policy and procedures prescribed herein, are directed primarily toward maintaining at all times, the maximum quantity of medical equipment at maximum operating efficiency.

2. Interpretation of Terms - When used in these instructions, the following will govern:

a. "Medical Depot": A separate organization with the primary function of storing and issuing medical supplies. Includes:- Medical Supply Platoons (Avn), Medical Depot Companies, Medical Base Depot Companies, and Medical Service Battalions.

b. "Using Organization": Applies to hospitals, laboratories, dispensaries, aid stations, and similar units.

c. "Reparable Equipment": Medical Department items that are reparable, or for which a reasonable doubt may be entertained as to reparability.

d. "Salvage Equipment": Medical Department items that are known to be irreparable or items for which economic repair cannot be effected (In case of doubt, items should be classified as "Reparable"). Salvage medical equipment includes two type items:

(1) Items that are of no further value to the Medical Department.

(2) Items that are of use to the Medical Department through cannibalization and retention of serviceable parts.

e. "Unserviceable Equipment": This term includes both reparable and salvage equipment.



3. General Policy -

a. Medical maintenance is based upon the five echelon system established by the War Department. Due to certain conditions peculiar to Medical Department equipment, minor variations are necessary in the adaptation of the system to medical units. As applied in the Medical Department, the following brief descriptions cover the functional requirements of the five echelons.

(1) First Echelon is preventive maintenance and is performed by the using organizations. Preventive maintenance is extremely important, and when properly applied will to a great extent eliminate many of the repair jobs which ultimately occur when equipment is neglected. Preventive maintenance will therefore be practiced in all using organizations and basically will consist of checking, adjusting, tightening, lubrication, etc. Every effort will be made to prevent abuse of equipment and in order that preventive maintenance will serve the purpose for which it is intended each user or operator will systematically inspect his equipment on a regularly scheduled program.

(2) Second Echelon is also performed by the using organization. Over and above first echelon duties, additional duties will be performed, consisting basically of minor repairs and adjustments, technical advice, supervision and assistance. This function will be executed by qualified personnel of using organization.

(3) Third and Fourth Echelon are normally combined in the Medical Department and include repair and maintenance operations beyond the scope of the using organization. Medical Depot Companies and Medical Service Battalions are equipped for this purpose and will perform this phase of the work.

(4) Fifth Echelon represents the highest level in repair and maintenance activities. At this level, special equipment and highly trained technicians are available for handling technical problems beyond the range of the first four echelons, and equipment repair and maintenance will be handled accordingly.

b. For the repair and maintenance program to operate in a satisfactory manner, cooperation and good judgement is required by all personnel participating in the various echelons. Hard and fast rules to cover specifically all conditions cannot be expected to be made. However, the policies and procedures formulated herein will serve as a guide and it is desired that all concerned follow the spirit of the letter in making decisions that may not be specifically covered. For example, questions will arise regarding certain equipment which, because of its size or location and type of repair required, make it impractical to move from a using organization to a Medical Depot with third, fourth or fifth Echelon facilities. In such instances, technical advice should be obtained, parts procured, and repair effected with the aid of technical advice made available by a Medical Depot having qualified personnel.

4. Scope -

a. Army - Medical Depot Companies of Armies are equipped only for third and fourth echelon repair and maintenance. When work exists which is beyond the range of this facility, every effort will be made to utilize the facilities of



other services which are located in the vicinity. Such action will make possible a more prompt and effective result than could otherwise be obtained and is in accordance with paragraph 27, Section II, TM 38-250, dated August 1943. Ordinarily, it is not desirable for using organizations to deal directly with other service maintenance facilities and when necessary for such action to be taken, the medical depot will act as an agent for the using organization.

(1) Reparable equipment and salvage items as classified in paragraph 2d(2) above, which cannot be effectively handled locally will be transferred to the Base Section Medical Depot for disposition.

(2) Salvage items as classified in paragraph 2d(1) above will be disposed of locally by turn-in to the nearest Quartermaster Salvage Depot. (Reference paragraph 11 below).

b. Air Force - Medical Supply Platoons (Avn) normally serve as the Medical Depot for Air Force units. These supply platoons are not equipped to adequately perform Third, Fourth or Fifth echelon work. Certain instances will arise, which in the interests of expediency and practicability, can be effectively handled by the Medical Supply Platoon (Avn), through the medium of other service maintenance facilities in the vicinity. When this action is taken, the same method should be used as noted in paragraph 4a above.

(1) Reparable equipment and salvage items as classified in paragraph 2d(2) above will normally be forwarded to a Base Section Medical Depot for disposition.

(2) Salvage items as classified in paragraph 2d(1) above will be disposed of locally by turn-in to the nearest Quartermaster Salvage Depot. (Reference paragraph 11 below). This procedure will eliminate unnecessary duplication of effort and will accomplish the desired result.

c. Base Section Medical Depots Without Repair and Maintenance Section - Some Base Section Medical Depots are not equipped to adequately perform Third, Fourth or Fifth echelon work. In some instances the maintenance facilities of other services may be desirable, and the procedure noted in paragraph 4a above should be followed.

(1) Reparable equipment and salvage items as classified in paragraph 2d(2) above will normally be transferred to the Base Section Medical Depot having Third, Fourth and Fifth echelon facilities.

(2) Salvage items as classified in paragraph 2d(1) above will be disposed of locally by turn-in to the nearest Quartermaster Salvage Depot. (Reference paragraph 11 below). This procedure will eliminate unnecessary duplication of effort and will accomplish the desired result.

d. Base Section Medical Depots With a Repair and Maintenance Section (Medical Service Battalion) - This organization is equipped to perform Third, Fourth and some Fifth echelon work and receives reparable items and certain salvage equipment from units with lesser repair and maintenance facilities. The procedure concerning use of other services maintenance facilities as noted in paragraph 4a above is equally applicable to this unit. The responsibilities of the repair and



maintenance section of a Medical Service Battalion include the following:

- (1) To keep at maximum operating efficiency, all items of Medical Department equipment (except those assigned to other services for repair and maintenance), through the use of technically qualified personnel, special equipment, spare parts and improvisation.
- (2) To determine possible causes for equipment failure and make recommendations to first and second echelon levels covering ways and means of preventing such failures.
- (3) To perform technical inspections and surveys for determining the serviceability, adaptability, and completeness of Medical Department items intended for special operations.
- (4) To receive and classify equipment from medical depots and using organizations; with subsequent action being taken to repair, to cannibalize, or to salvage in an expeditious manner.
- (5) To furnish technical advice and assistance to using organizations covering the many miscellaneous equipment problems which arise in the installation and operation of equipment.
- (6) To supervise the storage and issue of spare parts.
- (7) To maintain adequate records of all repair and salvage work.

See Appendix "A".

#### 5. Acceptance of Unserviceable Equipment by Medical Depots

a. A certificate pertaining to unserviceable equipment, statement of charges or report of survey prepared in accordance with Circular No. 57, Headquarters NATOUSA, 18 April 1944 (or subsequent revisions thereof), and properly authenticated should be presented by the using organization at the time unserviceable equipment is turned in to a Medical Depot. It is the responsibility of the using organization to prepare the document and present it to the depot concerned. It is the responsibility of the medical supply officer of the Medical Depot to determine that these provisions are carried out before giving credit acknowledgment to the using organization. In some instances "stray equipment" may be turned in to Medical Depots, the accountability for which is unknown. Such equipment should be accepted for subsequent disposition and a tally-in prepared, on which an appropriate notation is made.

b. Once unserviceable equipment has been accepted by a Medical Depot in the chain of repair and maintenance activities, it is not required that a copy of the document which formed the basis for the acceptance be forwarded to a Medical Depot in a higher level of repair and maintenance. The fact that the unserviceable equipment was accepted under the conditions noted above, by a Medical Depot in the chain of repair and maintenance activities, is sufficient. For example Medical Supply Platoons (Avn) in turning unserviceable equipment over to Base Section Medical Depots will not be required to furnish the latter with copies of the using units' certificate nor with other documents than are required by paragraph 7 below.



6. Records - Medical supply depots dealing with unserviceable medical equipment are responsible for this equipment and will maintain such records as will enable an inspecting officer to trace the property received from the date of receipt to the date of disposition. These records will be maintained in a loose-leaf or card system prepared so as to show a complete record of unserviceable equipment received, on hand, and disposed of. This record of unserviceable equipment will be maintained separate from the regular stock record account in order that unserviceable property will not be reflected in the stock record balance of depot stock available for issue.

a. In order that this office may compile certain essential data, it is necessary that the following instructions be closely followed by all Medical Depots:

(1) When an item is issued from depot stock as a replacement for a like item turned in as unserviceable but reparable, the credit transaction on the stock record account will be shown as a "stock adjustment" and reported as such on the monthly inventory report.

(2) When an item is issued from depot stock as a replacement for a like item turned in as unserviceable but irreparable, the credit transaction on the stock record account will be shown as a "replacement issue" and reported as such on the monthly inventory report.

(3) The initial decision covering classification (reparable, cannibalization, or salvage) of equipment received from the using organizations rests with the medical supply officer of the depot receiving same. It is realized that in some instances medical supply officers receiving unserviceable equipment do not have technically qualified personnel for the proper classification of equipment in each case involved. However, it is felt that if reasonable discretion is exercised, the intent and purpose of these instructions will have been carried out. It is most important that medical supply officers do not make arbitrary local rules that all unserviceable equipment be classified only in one category. Each case should be considered individually and treated in accordance to sub-paragraphs (1) and (2) above.

7. Transmission of Unserviceable Medical Equipment - Unserviceable equipment will be transmitted between Medical Depots by means of tallies prepared by the forwarding unit (consignor).

a. Repairable equipment and salvage items that can be of further value to the Medical Department through cannibalization will be forwarded as follows:

(1) When the proximity of the forwarding and receiving depots is such that direct delivery can be effected, the receiving depot will acknowledge receipt on a copy of the tally which accompanies the equipment. This copy will be returned to the depot which forwarded the equipment. A second copy of the tally will be retained for the file of the receiving unit.

(2) When the Medical Depot to which the unserviceable equipment is being transported is of such distance that direct delivery by the forwarding unit is impractical and an intermediate method of rail, ship or truck is used, a copy



of the tally will be forwarded with the unserviceable equipment. The copy of the tally retained by the forwarding unit will have a certificate affixed to show the date the equipment was forwarded, method of transportation, Medical Depot designated as consignee, and other pertinent data. It is not required that a signed copy of the tally be returned by the receiving depot in this type of transmission.

8. Repair and Maintenance Report - This report will be required only of Medical Depots performing routine Third, Fourth or Fifth echelon maintenance, and will be attached as an appendix to the monthly inventory report. The report will be submitted as described in Appendix "A" to this letter.

9. Special Instructions - In order to eliminate duplication of effort in identifying and classifying unserviceable equipment, each piece of such equipment turned in will be tagged; with the following information furnished in sequence:- item number, nomenclature, and a statement by the user giving any available facts leading up to the equipment break-down. This statement is of particular importance in dealing with items of highly technical nature. The tagging of the equipment should begin with the using organization and be amplified by Medical Depots as each case may warrant.

10. Salvage Items that are of no Further Value to the Medical Department -

Using organizations will not turn over to the Quartermaster salvage depot items of this category. Such items will be turned in to the medical installation serving the using organization. The Medical Depot will subsequently turn over this material to the nearest Quartermaster Salvage Depot. (See paragraph 11 below). There is no useful purpose gained by transporting this type of material between Medical Depots, and sound judgement should be exercised by all Medical Depot Officers in weeding out this material. Unserviceable equipment transported between Medical Depots will be accepted by the receiving depot without controversy, even though the receiving depot disagrees with the classification of equipment given by the forwarding depot. It is the prerogative of the receiving depot to change the classification after receipt, and make disposition accordingly.

11. Deliveries to Quartermaster Salvage Depots - All deliveries to a Quartermaster salvage installation will be accompanied by a certificate signed by a commissioned officer of the Medical Department certifying that: "I certify that in accordance with Circular Letter No. 3, Office of the Surgeon, Headquarters MTOUSA, dated 17 January 1945, the property is authorized to be salvaged and that parts and components have been removed as required by the aforementioned Circular Letter".

12. Direct Repair by Medical Supply Depots -

a. In cases where the using organization is located in the close proximity of a depot with third, fourth or fifth echelon repair and maintenance facilities, the following will apply:

(1) If repair can be made and the item returned to the using organization in a relatively short period of time, a replacement item will not be issued. A simple hand receipt will be given the using organization, acknowledging temporary responsibility for the item.



R E S T R I C T E D

(2) If repair cannot be made immediately, and the equipment is of such nature that its loss for even a short period of time will hamper the operation of the using organization; the unserviceable item will be accepted by the depot as noted in paragraph 5a above, and a replacement item issued on the basis of a requisition submitted by the using organization. Upon completion of satisfactory repairs on the unserviceable item, same will be placed in depot stock. The transaction should be recorded as noted in paragraph 6a(1) above.

For the SURGEON:

*W. S. Stone*  
WILLIAM S. STONE  
Colonel, M.C.,  
Acting Deputy Surgeon

1 Incl:  
Appendix "A"

DISTRIBUTION:

Surgeon, ATC - NADIST	-	25
Surgeon, PENBASE	-	300
Surgeon, MBS	-	70
Surgeon, NORBS	-	20
Hq. A/G of S	-	10
Surgeon, Adriatic Depot	-	5
Surgeon, Fifth Army	-	600
Surgeon, AAFSC/MTC	-	750
Surgeon, Replacement Command		50
Surgeon, Hq. Command, AF	-	30
Surgeon, MTOUSA	-	300





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APPENDIX "A"

Repair and Maintenance Report (Reference paragraph 7) (Required only of Medical Installations performing third, fourth and fifth echelon repair).

A. The attached form will be used for this report. Explanatory remarks below refer to the numbered columns shown on form.

Col 1 - Self explanatory.

Col 2 - Self explanatory.

Col 3 - Indicate total number unserviceable items received during month.

Col 4 - Indicate number of unserviceable items returned to normal operable condition.

Col 5 - Self explanatory.

Col 6 - Self explanatory.

Col 7 - Indicate item number of spare part used. This is most essential in that it reflects issue experience in spare parts program. If no spare part is used, indicate such action, by stating "NONE".

Col 8 - Self explanatory.

Col 9 - Self explanatory.

Col 10 - If answers, in Col 9 is "NO", indicate requisition date of spare part required.

Col 11 - Indicate the current accountability of items on hand in the shop. If item is only temporarily in the shop and accountability still remains with a using organization indicate by a "U". If item is carried on the Central Depot Stock record indicate by "D". If item is carried on the stock record account of the Maintenance and Repair Section, indicate by "M". Ordinarily the accountability will be either a "U" or "M". In some instances however, an item from depot stock may be in the shop for a minor repair and not dropped from the central stock record account.

Col 12 - Show the quantity of each kit, chest, or other assembly not currently carried on the depot stock record account because of incompleteness. Incomplete assemblies should be made serviceable as soon as possible and transferred to the depot stock record account.

Col 13 - Indicate all pertinent technical data on a separate page and assign page number to same. For reference, record this page number in this column. If there are no remarks to be made, write in the word "NONE". Attention is directed to the importance of these remarks. The information secured through these channels will be passed on to higher levels and will be of tremendous value to such agencies as "Specifications", "Procurement", etc. On technical apparatus, it is essential that such data as the manufacturer's name, serial number, voltage, frequency, type, etc., be included. It is realized that in some instances all of these details may not be available, but whenever possible, this data is desired. In addition thereto, there should be comments as to causes of failure and recommendations for the elimination of similar troubles in the future, and for the component spare parts. Extreme importance is attached to the necessity of using photography as a method of indicating the condition involved, whenever practicable.

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